PTO/SB/17 (12-04v2) Approved for use through 07/31/2008. OMB 0651-0032
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Under the Panerwork R	eduction Act of 1995	no nersons are requi	ired to re	soond to a collectio	n of infor	nation unless	it dianlavs a	valid OMR control number	
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/		10/604,43	0/604,435		
FEE TRANSMITTAL For FY 2005				Filing Date July 21		July 21, 20	003		
				First Named Inventor Aus		Austin Poo	ustin Poole		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Hugh E		Hugh B. T	3. Thompson		
				Art Unit 3634					
TOTAL AMOUNT OF PAYMENT (\$) 100.00			Attorney Docket No. 71422-000			06			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 50-2003 Deposit Account Name: McGarry Bair PC									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card									
Information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES									
		FEES <u>Şmali Entity</u>	SEAF	Small Entity		Small I		Erro Deld (A)	
Application Type		Fee (\$)	Fee (			(\$) Fee		Fees Paid (\$)	
Utility	300	150	500	250	20				
Design	200	100	100	50	13				
Plant	200	100	300	150	16	-	-		
Reissue	300	150	500	250	60				
Provisional	200	100	0	0		0 (	)		
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)									
Each claim over 20 (including Reissues) 50 25									
Each independent claim over 3 (including Reissues) 200								100	
Multiple dependent claims							360 ıltınla Danı	180 endent Claims	
<u>Total Claims</u> 32 - 20 o			<u> </u>	e Paid (\$)			Multiple Dependent Claims Fee (\$) Fee Paid (\$)		
		for, if greater than 20.				•			
Indep. Claims	Extra Cla		<u>Fe</u> =	<u>e Paid (\$)</u> 100					
7 - 3 or HP = 1 x 100 = 100 = 100 HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets									
- 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)									
Other (e.g., late filing surcharge):									
MINUTED DV									
Signature Registration No. 50,859 Telephone 616-								616-742-3500	
Name (Print/Type) Michael F. Kerly  Date March 9, 2005									
Name (Print/Type) Mit	hael F. Kelly	/					Jan Male		

This collection of information is reculred by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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